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REPORT

of the Committee of the American Institute of Homœopathy, on Small-Pox and Vaccination.

RAVAGES OF SMALL-POX.

THE first reliable information we have of small-pox, is found in an old manuscript in the library at Leyden, which is dated 572. It says, "In this year, small-pox and measles made their appearance in Arabia," speaking of these diseases as if they were known to have existed in other parts of the world previously. We are informed by Gibbon, the historian, that small-pox broke out at the memorable siege of Mecca, two years (A. D. 562) before the birth of Mahomet, and raged so violently in the Christian army as to cause its overthrow.

It is highly probable that the disease was not known to remote antiquity, inasmuch as we find no account of it by Celsus and Galen, whose works are a kind of digest of the knowledge of their predecessors.

The first accurate description of the disease which has come to us, is found in the writings of a distinguished Arabian physician, by the name of Rhazes, who lived in the beginning of the 10th century; he says, "It was brought out of Ethiopia into Arabia. It prevailed in Alexandria, in Egypt in the year 641; and some suppose that it originated in India centuries previous."

It was introduced into Europe by the Saracens, who overran Spain, Sicily, and the Levant in the 8th century.

But its introduction became more general through the disbanded armies of the Crusaders, who contracted the disease in the East, and conveyed it to their homes at the close of the 12th and beginning of the 13th centuries. Soon after, through commercial intercourse of the nations of Europe, it spread with great rapidity, and for hundreds of years scattered death and destruction over the fairest portions of the globe.

In the British Islands alone, 40,000 are annually swept away; and of 1,300 cases attacked, 500 died.

In twenty-five years after the discovery of this continent, we are told it destroyed more than half the population of the provinces into which it was introduced. Three

millions and a half are said to have fallen victims to it in Mexico alone, in the course of a very short period.

Emigration to North America brought it to the aborigines of our immediate country, where whole tribes in some instances were swept away, scarcely leaving enough to preserve their name.

Such a disease was small-pox, previous to the discovery of inoculation.

INOCULATION.

It is not certain where inoculation originated. It has been ascribed to the Circassians, who are said to have employed it as a means of preserving the beauty of their women. It appears to have been long practised in the south of Wales, in the Highlands of Scotland, and in Constantinople; from which latter place it is said to have been introduced into England by Lady Wortley Montague, whose daughter was the first person inoculated in England, in 1721. It was performed in this country during the same year.

The operation is performed by inserting a small portion of small-pox matter beneath the cuticle, by means of a lancet. The matter can be taken immediately from the small-pox pustule, or as is more frequently done, by re-moistening a string or fine tape which has been allowed to absorb the matter from a pustule. The place generally selected for the operation is on the upper arm, near the insertion of the deltoid muscle. For the sake of uniformity, the left arm should be chosen.

The vesicle begins to form about the eighth day, and the eruptive fever sets in; the areola appears soon after, and in a couple of days small red pimples are observed on various and distant parts of the body, which gradually progress to the fully developed small-pox pustule.

Although inoculated small-pox is less fatal and less liable to lead to deformities than natural small-pox, it is still a dangerous and most loathsome disease. It is contagious, and a mild case of inoculated small-pox is fully capable of propagating the disease in its most malignant form.

VACCINATION—ORIGIN AND NATURE OF THE DISEASE.

Long anterior to any scientific experiments upon the human subject, a pustular disease was known to infest the udders and teats of cows in England, and probably in other parts of the world, which was communicable to the hands of those who milked them; and a report gained currency among the common people that those who contracted this disease (called cow-pock) were thereby fully protected against the small-pox. About the year 1768 or 1770, the attention of Dr. Edward Jenner was attracted to the subject. About this time it was discovered that matter from a disease appearing in the form of pustules, and the ulcers in the heels of the horse, known to farriers by the name of Grease, was capable of producing the cow-pock when applied to the teats and udders of the cow by the hands of the milkers. The matter of grease was frequently transferred from the heel of the horse to the udder of the cows by the hands of the groom who washed the sores of the horse, and without paying proper attention to cleanliness, assisted the dairy-maids in milking. Further investigation and close observation, satisfactorily proved to the mind of Dr. Jenner that the disease had proceeded from the horse to the cow, and thence to the human subject. He was struck with the remarkable likeness of these diseases to the small-pox, and thought it highly probable that the grease in the horse might have been the origin of small-pox in man. But that in passing through the system of the cow it became so modified as to lose its malignity, and result in the mildness of the vaccine disease.

Since the time of Jenner it has been suggested, on the other hand, that both the diseases, grease and cow-pox, may be the offspring of small-pox in the human subject. That the groom, while laboring under variola, might communicate the disease to the heel of the horse, or the milk-maid to the udder of the cow. The holders of both these opinions believe in the identity of the diseases. The latter view is very much strengthened by the experiment of inoculating the cow with small-pox matter, as was practised by the late Dr. Carpenter, of Lancaster, in Pennsylvania, which produced a *perfect vaccine pustule*. Of the prophylactic power upon the human system of the vaccine disease, produced in this way, nothing is known with certainty, but the probabilities are that it possesses the same or equal power as ordinary cow-pox. However we may view the matter, investigation and deduction bring us to the same conclusion; viz.: a belief in the common origin of small-pox, grease, and cow-pox. If this be granted, and in the light of the great homœopathic law, "*similia similibus curantur*," if we consider the prophylactic agency of vaccinia against small-pox, as well as

its homœopathicity in the treatment of that disease (a position now well established), we are brought to this further decision, that the small-pox virus, during the germination and development of the disease in the system of the cow, is so far modified as to destroy its *identity*, and convert it into a disease of striking *similarity* to the original malady.

Dr. Jenner, in his immortal work on *Variolæ Vaccinæ*, published in the year 1800, after thirty years spent in investigation and deliberation on the subject, cautions us against mistaking a pustular disease of milder form and more local in its character, which attacks the teats of cows, chiefly in the spring of the year when first turned out to pasture, and while suckling, for the true cow-pox. The sores of this spurious disease are free from the bluish or livid tint so conspicuous in the true cow-pox, and no erysipelatous areola surrounds them. Instances may have occurred, though very rarely, of the hands of milkers being affected with sores, followed with feeling of indispositions from the virus, but Dr. Jenner's opinion is, that this disease does not afford security against the infection of small-pox. On this point, however, we are left without any direct experience.

MODE OF PERFORMING VACCINATION.

The mode usually adopted in England, as well as on the Continent of Europe, of introducing the vaccine virus into the system, is to prick or scarify the skin through the cuticle, in one or two places, on one or both arms (it should always, for the sake of uniformity, be done on the left arm, above the elbow) with a lancet, until it bleeds a little, and then apply a portion of the lymph directly from a fresh vaccine pustule, taken on the eighth or ninth day after vaccination, to the spot, in order that absorption of the matter into the scarified surface may take place. In some other parts of Europe the vaccine vesicles are punctured with pointed portions of quills, and the matter allowed to dry, these quills are afterwards moistened and applied to the scarified spot, so as to incorporate the moistened virus with the small portion of serum which oozes out, where it is suffered to remain until absorbed.

In this country, the plan generally adopted, is to rub up the scab, which remains after the drying of the vaccine pustule, with a drop or two of pure water, to about the thickness of cream, and apply it to the scarified spot, as above described.

PROGRESS OF THE VACCINE DISEASE.

The small thin scab made by the wound in vaccination mostly falls off, and the wound heals in thirty-six or forty-eight hours after the operation. On the fourth day a slight redness can be perceived, which on the fifth

day is a little elevated in the form of a pimple; on the sixth and seventh day the vesicle begins to fill, and on the eighth the commencement of the areola can be seen, which increases in size and in redness until the tenth day, when it attains about the size of a half dollar, sometimes larger, the fluid then dries, and the scab forms, of a brownish color near the circumference, with a speck in the depression in the centre of firmer consistency and darker color. From this time the areola begins to leave, and disappears entirely on the twelfth or thirteenth day; the scab falls off on the seventeenth or eighteenth day.

The indisposition consequent upon the true vaccination commences on the sixth or seventh day, consisting, in some instances, of slight rigor, followed by pain and soreness of the axilla, occasionally nausea, feeling of lassitude, headache, succeeded by general fever and restlessness, and not unfrequently, loss of appetite. More or less of these symptoms are perceptible for two or three days. With young children the fever and restlessness are the most prominent symptoms, and last from twelve to eighteen hours. The constitutional symptoms always subside before the local disease reaches its highest point of development. The vaccine disease, through its whole course, is so mild that treatment by medicine is very rarely called for. Hahnemann recommended, and many of our best practitioners have continued the practice of giving a single dose of Sulphur in the thirtieth potency, on the evening of the eighth day, in order to cut off the tendency to eruptive disease, which frequently follows vaccination.

In spurious vaccination the inflammation progresses from the time of the insertion of the matter. The inflammation is of the phlegmonous character, and the spot rounded. It runs its course in a shorter time than the genuine. The pustule is not depressed in the centre, the scab is of a lighter color, has no hardened speck in the middle, and is generally mealy and easily broken. If constitutional symptoms appear at all, they come on before the sixth day.

Vaccination causes neither loss of life nor deformity of the features.

But does it answer the end proposed, viz.: indemnification against the infection of small-pox? If the truth of any proposition can be established by evidence that is clear, positive, and sufficient in amount, the claim of vaccination as a prophylactic against small-pox is certainly placed beyond cavil. Millions of living witnesses can bear testimony to its success in their own persons, while the absence of pits and scars from the faces of the present generation, when contrasted with deformities caused by the ravages of this most loathsome disease in generations that are past, are illustrative evidences of this great triumph of the healing art.

Special efforts have been made to infect persons with small-pox soon after vaccination; children in the same family have been exposed to its contagious influence; they have been placed to sleep in the same bed, and, moreover, the validity of the protection has been tested by the inoculation of small-pox matter in the arm after successful vaccination, but uniformly without producing the disease.

But some constitutions after vaccination, in the course of time, become more or less susceptible to the influence of variola, and hence we have the disease known by the name of

VARIOLOID,

which is neither more nor less than modified small-pox, and is itself another evidence of the protective influence of vaccination.

All vaccinated persons do not become liable to this disease, and in those who do, it is probably no lessowing to constitutional peculiarity than to the results produced upon the system of the patient by the lapse of time after vaccination. It is true that when small-pox prevails epidemically, we occasionally meet with very slight cases of varioloid in children, who had been vaccinated three or four years before, but the disease is generally quite harmless until the age of puberty, even in subjects who had been vaccinated in infancy. Besides, only about one-third of those exposed will be attacked, while the others will retain their protection for a longer period, and, perhaps, to the end of life. Varioloid in its usually mild form is not dangerous, and leaves no scars behind.

The following statistics will exhibit the comparative decline in the protective influence at different periods after vaccination:—

In the small-pox hospital at Copenhagen, of 257 cases reported as having varioloid, 24 were attacked within seven years after vaccination; 42 cases more than seven and less than eleven years after, and 191 cases between twelve and twenty-three years after; showing a very large proportion who had been vaccinated more than ten years.

The following statistics are still further illustrative of its protective influence:—

In one of the English hospitals there were 126 cases in six months; of these 66 had been vaccinated, one had had small-pox before, and 58 were unprotected. Of the 66 who had been vaccinated none died, of the 58 unprotected 16 died, several had the disease in its most virulent form, and some that recovered were disfigured for life.

Again, out of 623 cases of small-pox and varioloid, 438 were in persons who had been vaccinated, and only 2 out of the 438 died.

And still further, from the report of the small-pox hospital (at Copenhagen), we

learn, that of all the patients admitted, who had been vaccinated, not one under the age of fourteen years was affected with true small-pox; not a single fatal case occurred in a subject under twenty-three years, and not one case of small-pox occurred in a patient after *re-vaccination*.

In this country, owing to the difference between our institutions and those of Europe, we have not the means of arriving at results on so exact a scale, but every practitioner must have observed a similar tendency in vaccination after a certain time, varying in different individuals, to lose a part of its protective influence, and finally, in some persons to lose it entirely.

Vaccination became general, in this country, about the year 1810, and varioloid made its appearance about 1820, but for the next ten years it gave rise to very little uneasiness, being very mild in its course, which usually was much shorter than small-pox.

The eruption generally comes out from twenty-four to thirty-six hours sooner than small-pox, in its progress it is much lighter, the vesicles sooner fill, they dry away without secondary fever, and leave no pits behind. Varioloid was not at first contagious, but more recently it not only communicates itself by malarious influence, but if an unprotected system be exposed to it small-pox will be the result, or if an unprotected person be successfully inoculated with the matter from a pustule or varioloid, true small-pox will follow.

There are numerous cases reported in the Journals, and they are constantly recurring in the practice of physicians, where the two diseases, vaccinia and varioloid, have both run their course in the same individual, at the same time, but each in a modified form. The vaccinia is prolonged, with the areole less prominent than natural; the variola is shortened, the secondary fever prevented, and there are no cicatrices left behind. But where vaccination has been performed within less than four days after exposure to the small-pox infection, the disease has uniformly been prevented.

Instances of this kind might be greatly multiplied, but the following are thought sufficient for our present purpose:—

On the 27th of May, 1849, I was called to see Mrs. A. B. J., in the eighth month of her pregnancy. Found her laboring under some derangement of the stomach, pain in the head, slight pain in the back, and some general soreness. Gave her Rhus, and she seemed better until the 29th, when all her symptoms were aggravated; at night especially, the pain in her back reached the highest degree of intensity,—fever increased, and she became restless and frequently delirious. The symptoms continued with but little variation, until on the morning of the 2d of June she was suddenly, without the usual premonitory symptoms of labor,

delivered of a little boy, and the small-pox eruption appeared the next morning. On the morning of the 7th of June the lady died of confluent small-pox. On the 4th of June, i. e. the third day from its birth, I vaccinated the child. The vaccine disease ran its course, regularly and fully, and the child entirely escaped variola.

I have seen scores of instances where persons were vaccinated within one or two days of exposure to small-pox, and the disease was entirely prevented.—WILLIAMSON.

But if vaccination be delayed more than four days after the small-pox incubation, there is reason to believe that although (if the vaccination be successful) the variola will be modified, it will not be entirely prevented.

I vaccinated an infant, Jan. 10, 1852, (six months old,) who had been exposed to the small-pox influence. The vaccine vesicle formed in the usual time, and with it appeared vesicles with rounded tops, which in due time filled with lymph and dried up without passing over to pus, and having no reddened areole. The scabs were thin, and without dimples in the centre. It was a case of varioloid of mild type, and got well without ulceration or secondary fever. The period of incubation was too far advanced to have the disease entirely supplanted by the vaccination, yet it was stripped of its malignity.—WILLIAMSON.

In a case reported in the London Lancet, by Matthew Hinchcliffe, June, 1852, a little girl of four years, who had been successfully vaccinated two years before, had small-pox. Five days afterwards, an infant in the same family, aged eleven months, was vaccinated. The vaccine vesicles formed, as in ordinary cases, in seven days; but on the next day the child was taken with difficulty of breathing and vomiting. Four days after—that is, twelve days after vaccination—small-pox pustules made their appearance over the whole surface of the body. The child passed easily through the disease, and got well;—making another instance where, if a child be not vaccinated *within four days* of its exposure to small-pox influence, the disease will not be entirely prevented.

A case of small-pox is reported by Dr. Bennett, of England, where the face was closely studded with papule. Vaccination was performed, and the face was covered with mercurial ointment, thickened with starch. The patient recovered without any pitting of the face; but how much is due to vaccination cannot be told.

The following case illustrates all the positions assumed in this part of the report:

A child was vaccinated, April 28th, while an elder sister was laboring under a mild attack of small-pox in the pustular stage. On May 5th, eight days after vaccination, there were two good pustules on one arm and one on the other, and the child in good

health. The next day, May 6th, he was taken in a fit, and afterwards was restless and feverish. On the following day, he continued feverish, but had no more fits. On the next day, May 8th, and the eleventh day after vaccination, an eruption made its appearance, and he passed through the usual course of a mild attack of small-pox, and recovered.

The vaccine vesicles did not reach maturity as soon in this case as usual, and the areolæ were less. Several children living in the same row were successfully vaccinated at the same time, who all escaped variola. The author has recently seen several cases of variola after vaccination, all, however, more or less modified.—G. W. HOPKINS (*London Lancet*).

If these things be so, the argument goes not against vaccination, but turns in favor of re-vaccination, which we will now proceed to consider.

"The effects of re-vaccination in the Prussian army, since the year 1833, have almost completely extirpated small-pox from its ranks. In the kingdom of Wurtemberg, also, it has been found that, out of 14,384 soldiers and 19,864 civilians who were re-vaccinated, only one case of varioloid has occurred among the former, and only three among the latter, during a period of five years."

The practice of re-vaccination in the kingdom of Wurtemberg was generally adopted in the year 1830, and no epidemic of small-pox has occurred there since that time.

Sound practice and the evidence drawn from experience indicate the advantages of re-vaccination subsequent to the fourteenth year. Surgeon Nolan gives several cases where re-vaccination on the eighth day successfully protected the subjects against small-pox, while other members of the same families, not thus re-vaccinated, contracted the disease from the same degree of exposure.

I am not aware of any cases of small-pox occurring in persons who have been twice successfully vaccinated. In scores of instances I have re-vaccinated all the members of a family on the appearance of the first case of small-pox or varioloid in the house, and have never yet seen it fail of affording perfect impunity to all who would submit to the operation. In other instances, I have re-vaccinated part of the family, who were afterwards exempt from the disease, while those who refused to be re-vaccinated were subsequently attacked.

It does appear to me that the expression of a doubt of the immense value of vaccination, or of the importance and the additional security afforded by re-vaccination during epidemic small-pox, on the part of any practitioner, gives incontestible evidence of his lack of knowledge of the whole subject. His incredulity cannot be sufficient

to resist the evidence derivable from an examination of statistics, which are always accessible.—WILLIAMSON.

Small-pox and varioloid are both extremely dangerous to the life of ladies during the period of pregnancy, and generally bring on abortion or premature labor, and thus prove fatal to the offspring.

Small-pox and bad attacks of varioloid occurring during confinement in a majority of instances prove fatal.

Experience proves that, owing to the peculiar impressibility of the system during pregnancy to this class of diseases, vaccination itself, under other circumstances generally so mild, becomes totally inadmissible, having proved so in many instances, and brought on abortion or premature delivery in others. Consequently, neither vaccination nor re-vaccination should ever be performed during pregnancy, unless exposure to small-pox influence render it advisable. The proper course to avoid all danger in such cases would be to re-vaccinate all ladies previous to their marriage, or very soon afterwards.

It is proper still further to remark that an attack of varioloid or small-pox, occurring in a female at almost any time between puberty and the change of life, is apt to bring on menstruation prematurely, and sometimes profusely. And when the disease occurs about the period of puberty, before the menses have made their appearance, it is almost sure to produce them.

Strumous or cachectic diathesis may invalidate the protective powers of vaccination. While some systems are totally unsuceptible to the vaccine virus, others receive it very readily, and soon throw it off.

It is in depraved diathesis that we see small-pox most complicated and most destructive. The disease, however, occasionally renovates such systems, and the person becomes more healthy than before.

To afford the greatest amount of protection, vaccination should not be performed during the prevalence of epidemic diseases, or even diseases of a malarious origin. It should be also uncontaminated by any existing disease. Yet the popular notion about the danger of the inoculation of other diseases is simply absurd. In the first place no other acute disease with which we are acquainted is sufficiently similar to vaccination in this period of incubation, and in its mode of germination and development, to become incorporated with the vaccine virus; and, in the second place, chronic diseases are still as likely to be transmitted by inoculation than are the acute.

It is conceded that eruptions frequently appear soon after vaccination, but it is denied that *therefore* these eruptions are produced by vaccination. The homœopathicity of the vaccine virus may promote the development of latent diseases, throw them upon the surface, and enable us to cure

them homœopathically. And will not a dose of Sulphur, Carbo vegetabilis, or of other anti-psoric remedies, occasionally do the same thing?

Observation proves that these eruptions generally appear in children who are under the influence of psora, and that they are just as likely to appear after vaccination with the purest matter, as with matter of a more suspicious character. The same matter may be used in different families, and in some eruptions will follow, in others they will not; those free from latent disorders will remain well, while those in whom disease is developed through vaccination will be found to have been liable to the very affections which vaccination has aided us to discover. And with the more certainty will we find this to be the case, if we inquire into the previous history both of the children and their parents.

This argument, then, heretofore used so frequently against vaccination, not only fails in its object, but affords additional evidence of the truth of the great homœopathic law, and of the usefulness of vaccination.

It is not only objected to vaccination that it degenerates so much as to create or transmit other diseases; it is also urged that it depreciates so as to lose its prophylactic powers. It might with equal show of reason be argued, that small-pox loses its contagious influence; and if the two diseases are similar in their origin, they are likely to be affected by similar causes.

But there is no evidence that either of these assertions is true. Small-pox, as in the earliest ages of its history, is transmitted by contact; and vaccination in a great majority of cases, as has already been shown, perfectly protects the vaccinated. If any one believes that the vaccine matter at present in use has degenerated or is contaminated, or that the mode of administration is wrong, let him get pure matter and use it in a better way.

Vaccination is as pure and it is as protective as it was at the time of its discovery by Jenner. But it is urged persons may have small-pox after vaccination. To which we reply,

All variolous diseases are liable to recur. We know not how often persons become liable to the influence of small-pox after inoculation, and so they also do after natural small-pox. I have seen instances of both, in practice, and there are numerous cases of the kind reported in the journals. During the prevalence of the disease in Philadelphia in the winter and spring of 1852, there were at least twelve cases of secondary small-pox. Fatal cases of small-pox have occurred in patients whose faces were covered with pits from a previous attack—so that, the objection to vaccination that subjects of it again become liable to small-pox, is no objection to it; for if it be,

the same objection holds good against inoculation, and even against protection from the disease by the disease itself. In every point of view, vaccination (as it is neither dangerous nor contagious) is the safest and best mode of defence from small-pox.

Cow-pox taken from the cow can also be contracted a second time, even after it has afforded protection from small-pox. Dr. Jenner in his great work gives us a few instances of the kind, one of which may be found on page 47. Elizabeth Wynne, had cow-pox in 1759; was inoculated without effect with variola in 1797, and again caught cow-pox in 1798.

A case is reported by Dr. John Webster, in the London Journal of Medicine for May, 1851, of small-pox recurring *three* several times in the same individual after satisfactory vaccination. H. N. N. was vaccinated in 1827, when three months old—had small-pox in 1833, with a brother who had also been vaccinated. In 1838, both these had small-pox again, with another brother who had been also vaccinated—all recovered. He went to India in the service of the East India Company, and was again attacked with small-pox of the confluent form, and died on the 13th of April, 1850.

While this case proves the possibility of small-pox occurring after vaccination, it also proves that small-pox occurs after small-pox.

From a careful consideration of this whole subject, we are brought to the following conclusions.

1. Vaccination has lost none of its protective influence. It is the best means of preventing small-pox at present known, and should be universally performed in infancy or early childhood.

2. Persons who have been exposed to small-pox, may be protected by re-vaccination, if performed within four days after such exposure.

3. All adults should be re-vaccinated.

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Committee.

HOW ERRORS IN MEDICINE ARE PERPETUATED.

THE doctrines promulgated many years ago by Hahnemann have thus far withstood the test of experiment. They have never been disproved, nor do they conflict with any known principle in philosophy. The facts being stated, is it not strange, passing strange, that so few of the medical profession investigate, in the only legitimate way, to ascertain if they be true? The bane of medicine is the generalization based upon supposed facts by its professors. They

do not, generally speaking, experiment, but theorize. They do not individualize each case, but generalize a single symptom that may be new and extraordinary, because it is seldom perceived. Thus is error heaped upon error. Facts are observed and thrown together without order; and hence it is, the allopathic school has its thousands of facts, which make a monstrosity large pile, in great confusion, out of which it is sometimes attempted to draw general principles for practical uses.

Homœopathy, as taught by its founder, can alone lead to a system of healing worthy the name; and it would promote the happiness of thousands, as well as prolong the life of many, if its doctrines were admitted as the standard of medical science in the art of healing.

MISSISSIPPI STATE HOSPITAL.

"The trustees of the Mississippi State Hospital at Natchez have appointed Drs. Davis and Holcombe, homœopaths, physicians and surgeons of that institution for the year 1854. The trustees, it is said, think themselves justified in the act by the successful treatment of yellow fever by the new school of medicine. This has been a long-established allopathic hospital, and its passing over to the homœopathic auspices will, no doubt, create considerable sensation in certain quarters."

The above announcement does not prove that "Homœopathy is going down," so generally repeated by allopathists. We do not rejoice over the appointment of physicians of our school to the Mississippi State Hospital, as a party man in a political sense, but we rejoice, because it shows the triumph of truth in medicine over error. This movement of the Trustees of the Hospital in Natchez is worthy of the highest commendation. The period is approaching when allopathic practice will be discarded in the Hospitals of this city.

Drs. Davis and Holcombe are worthy the confidence of the public. The former is an old practitioner, and of established reputation in the allopathic school. He had no need, as is often charged by our opponents, to leave the old school because he had no practice, for Dr. Davis had a full practice, and had become wealthy thereby, but, on investigating Homœopathy, he became con-

vinced of its truth and adopted it. We were told, his practice for a time diminished, for the people in his city were not prepared to adopt the new mode of treating diseases. But Dr. D. persevered, and has triumphed.

Dr. Holcombe is a gentleman of a superior education, and we judge that his endowments qualify him in an unusual measure for conducting the practice of a hospital. These gentlemen are regular graduates in medicine, and in this respect they are not inferior to the best allopathists in Mississippi.

PROCEEDINGS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

DR. ROUTH read to the Society a memoir from Dr. Bury, on the *preservative power of copper in cholera*. Dr. Bury is the author of a work on "Metallo-Therapica," and it was in carrying out experiments on this subject that his attention was first drawn to this influence of copper. He first related a case of cholera, which occurred in the Hôpital Cochin, in which the external application of a copper band arrested the cramps, and that unmistakably, as on the removal of the copper plates the cramps reoccurred. He found subsequently, on inquiry, that workers in copper and brass were remarkably exempt from cholera. This was the result of a careful and personal investigation in nearly all the metallic workshops in Paris, in which from 100 to 600 (and over) workmen were employed. The individual workshops were given by name. In all these the mortality never exceeded 5 in 1000, and in many it was actually null; and this in the midst of a neighborhood in which the population was decimated. Indeed, in many cases the wives suffered, while the workmen escaped. Dr. Bury was not satisfied with this result, but investigated the matter in other countries—Sweden, Vienna, Russia, Turkey, and England. In all the same exemption was observed. In many cases, also, it was remarked, removal to a copper mine, or even district, arrested choleraic symptoms. The exemption of Birmingham, Sheffield, &c., he explained in this manner. The individual cases so tested amounted, in round numbers, to about 300,000. A review of all these facts led him to conclude—1st, That nearly all metals with strong electric affinities were in different degrees preservative; but of all these, copper and steel were most so, the mortality being almost null among workmen engaged in working these two metals. 2dly. With a view of resisting cholera, he recommended

the presence of copper and steel ornaments in rooms, as also plates worn next the skin on the body. 3dly. In the treatment of cholera, their internal administration, especially copper, in powder, in the metallic state, as also application externally of plates. These plates he calls armatures; these he prefers to the salts of metals. The memoir concluded with an attempt to explain these phenomena, which he did not believe depended on any electric or galvanic influences; indeed, these he considered rather noxious than otherwise. He suggested—1, that, as in the production of ozone by phosphorus, an atmosphere affected by copper might be so modified that the cholera poison could not exist in it; 2, it might be due to minute absorption of oxide of copper by the skin and lungs, acting in a similar manner upon the system.

Metallic copper is a homœopathic remedy in many cases of *Cholera*, which Dr. Bury must have known, as he speaks of its administration "in powder in the metallic state." Why did he not tell us how to prepare the powder? The answer would have been, prepare it by trituration with sugar of milk, as Hahnemann advised; but, like almost all allopathic writers, he could not find it in his heart to do justice to the homœopathic school. But we are happy to know that the allopathic Medical Society of London had a little light shed into it by Dr. Bury in regard to the curative and preventive properties of copper in *Cholera*; but had they looked into the homœopathic *Materia Medica*, they could have been instructed in its use in that disease, at the time of its first appearance in Europe. The following are some of the symptoms which copper causes in the healthy human system, which shows how close'y its effects resemble a form of genuine *Asiatic Cholera*.

"Restless, tossing about, and constant uneasiness. Inability to use his senses, as if he were half dreaming. Insensible and in a state of stupor. Sunken eyes with blue borders. Bluish face, with bluish lips. Inability to talk. Tongue coated with a white mucus. Excessive thirst. Violent vomiting, with nausea and diarrhœa. Excessive vomiting, accompanied by colic and diarrhœa. Vomiting prevented by drinking cold water."

[How often physicians found ice, and iced water, relieve vomiting in cholera! So much so, that some practitioners relied on these alone, thereby proving to the

homœopath, that those cases in which ice relieved the vomiting, could have been cured by copper, but allopaths were ignorant of that fact.—Ed.]

"Excessive, horrid pains in the stomach, and in the region of the stomach. Drawing-in of the abdomen. Spasmodic movements of the abdominal muscles. Violent spasms in the abdomen, and in the upper and lower limbs, with piercing, torturing screams. Violent diarrhœa. Urgent desire to urinate, with emission of a small quantity of urine, accompanied by burning, stitches, or cutting, especially about the orifice of the urethra. Cold hands. Cramp in the calves of the legs. Slow pulse, 24 beats in a minute. Weak and small pulse. Cold sweat. Rash in chest and hands."

In enumerating these symptoms of copper, our object is to show allopathists how much valuable information they deprive themselves and their patients of, by not consulting our *Materia Medica*. How meagre are Dr. Bury's statements, for the practical use of copper. In fact, they amount to almost nothing.

We do not intend to have it understood, that copper is the chief remedy for cholera, although, in some cases, it is so; but it is often indicated with other drugs, as *veratrum*, &c.

VACCINATION.

S. R. KIRBY, M.D.

DEAR SIR:—Should you deem the following incidents worthy a place in your valuable Journal, you will please insert them:

A man, who makes some pretensions to a knowledge of medical matters, as well as other things, sold a friend of mine, who resides at some distance from me, some "vaccine virus" (as he called it), which he obtained by inoculating a cow from a small-pox patient. He assured my friend that it was perfectly safe and genuine, and that it was the only true way of obtaining pure vaccine matter.

On the 19th of February, 1854, my friend vaccinated his little son, a lad about six years old, a brother, and two sisters of his wife; the former some sixteen, and the two latter nine and seven years old. His little son had been several times vaccinated before, but without any effect. The others had never been vaccinated. No symptoms

were manifested in either until the 10th day after vaccination, when the arm in which the matter was inserted began to inflame around the point in the three younger children, and the girl of seven years was taken with vomiting, attended with high febrile action.

Soon after, an eruption made its appearance, first on the extremities, then on the body, and lastly on the face and scalp. It first came out in patches, but rapidly spread and coalesced, till at the end of the third day it covered the entire surface, from head to foot, presenting the regular confluent form of small-pox. Fearing it might be variola, and yet unwilling to have it so, they sent for me on the 7th of March, to give my opinion in the premises. The diagnosis of course was plain. My friend, having a case of medicines and Pulte's Domestic Homœopathic Physician on hand, had treated her according to the directions for small-pox, thinking that the safest course, let the disease be what it might.

I found the child doing as well as could have been expected under the circumstances. The principle remedies which he had used were *aconite*, *bell.*, and *stramonium*. Having seen vaccinin recommended by several members of the profession, I prescribed one gr. of the third trit., to be repeated every four hours. I prescribed the same for the other little girl and the little boy, who were suffering from a mild form of varioloid. Distinct pustules made their appearance more or less over the body, but more particularly about the face. The lad of sixteen was not affected at all by the vaccination.

I heard nothing more from them till the 12th of March, when I was summoned in haste to see the younger girl, as she was getting much worse. On my arrival, I found her dead, and learned that she had continued very comfortable until the morning previous, when she was taken with a dry hacking cough, great thirst, oppression at the chest, difficulty of breathing, and every expiration attended with a grunt when awake, while asleep she breathed natural and easy. These symptoms continued to increase during the night. At 10 o'clock, A.M., she fell into a kind of stupor, and died at half past eleven, A.M., without a struggle. The other cases got on well, with the exception that the little boy was troubled with swelling of the glands about the neck. But it soon yielded to *mercurius sol.* and *bell.*, and at the present time I believe he is quite well.

Yours truly,

A. WALKER, M.D.

Pontiac, Mich., March 21st, 1854.

A LETTER FROM A BAPTIST MISSIONARY.

BELIZE, HONDURAS, Feb. 2d, 1854.

MR. C. T. HURLBURT :

DEAR SIR :—My arrival here with the supply of medicine I had of you was timely. Three weeks ago the cholera broke out, and it has been raging ever since, so that ten or twelve have died daily in a population of eight thousand. One day twenty-six died, and we hear reports of much greater mortality in the surrounding country. I felt it my duty to put by every other occupation and attend exclusively to the sick, using the homœopathic treatment of course. This drew down the opposition of the medical men, the board of health, and, I regret to add, of the ministers of religion of all the other denominations. I was threatened with a trial for my life, on the first case of death under my treatment. I felt it my duty to proceed and bear any penalty that might follow, and I soon found that public opinion protected me from any overt acts on the part of the enemies of the system. I printed the directions for cholera, of which I enclose you a copy, both in English and Spanish, and being ably seconded by Mr. Henderson, and more or less assisted by several of our active teachers, the homœopathic treatment soon became general, and the usual practice almost exceptional. I believe that hundreds have been preserved by the means we used, as the camphorated spirits of wine may now be found in almost every house in the settlement, and it is resorted to at once by the poor people, on the first appearance of the terrible malady. Many severe cases I have superintended myself, laboring night and day so far as my strength would permit, and in order to make that go further I hired a house, and looked for all the world like the regular practitioners, which I fear has provoked them still more. My success has been highly encouraging, out of scores of cases, for I soon lost count. Only five or six have died while I attended them, and several of these were tampered with by the allopathists, or by the misguided zeal of friends, either previous to or during my treatment, and others were far gone before I was called in. I may yet be called to suffer for what I have done, as I am not licensed (to kill or cure), but I am prepared for the worst, and am satisfied that I have only done my duty. The poor people are grateful, and a homœopathic doctor would have no difficulty in getting into a good general practice here on the strength of the present excitement. In one of the hospitals provided for the occasion, not a single patient has recovered, but three patients left it in a panic, before they were either killed or cured; it now goes by the name of the slaughter-house. The method pursued by our opponents is truly terrific,

draughts of cayenne pepper or pills of the same, large doses of ammonia, confections of opium, and prepared chalk, with rubbings of turpentine, and both frictions with, and plentiful draughts of, raw brandy upon the cayenne, etc.; these are their principal agents: as you may suppose, few could stand such treatment and the cholera too; either one alone a good strong constitution might grapple with and recover.

I intend to write to Dr. Joslin, whose book on cholera has been of much use to me, and the journal also, but hitherto I have had no time. You are at liberty to publish any part of this.

Yours faithfully,

FREDERICK CROWE.

Since the above was written, Mr. Crowe has been imprisoned for ten days for practising Homœopathy. A notice of this occurrence appeared about two weeks ago in the *New-York Herald*.

HOW OUR OPPONENTS TRIUMPH.

ADRIAN, March 28th, 1854.

S. R. KIRBY, NEW-YORK:

DEAR SIR:—Herewith please find two dollars (\$2.00), subscription for the "*American Journ. of Homœopathy*," vols. 8 and 9.

Excuse me for not remitting sooner, I send enough this time for the current and coming vols., and when you want more of the *needful* give me a hint.

Homœopathy is yet on the up-hill side of life in Michigan, the correspondent of the *Peninsular Journal of Medicine*, published at Ann Arbor, to the contrary notwithstanding. He has got up a "table" from the principal towns on the Central and Michigan Southern R.R., showing that 255 are allopaths, and 32 are homœopaths, about one-eighth being homœopaths, and he thinks this estimate a fair percentage of the State. From the results of his statistics, he finally concludes that the homœopathic practitioners "seemed to be about stationary in actual numbers, and declining if compared with the increase of population," but he says nothing about the allopaths declining anywhere.

I would prepare him a problem. When I came to this place four years ago, there were ten allopaths here, and a population of 4000; now there are five and a population of 6000. If other places do as well in proportion, how long will it take allopaths to pass into a helpless decline?

I notice in the March No. of the *Water Cure Journal*, published by Fowler & Wells of your city, that a certain Dr. Jas. C. Jackson, in a very long, self-glorifying letter, undertakes to write down Homœopathy. I hope you New-York homœopaths will not suffer yourselves to be reviled

and misrepresented in this small way, without gently hinting to the learned doctor that he may be mistaking his best interests when he goes so far out of his way to make such a thrust at his fellow-reformers in medicine. Of all the scare-crows got up to frighten women and children, or Quixotic tilts run against Homœopathy, I never remember of seeing or hearing of anything so supremely ridiculous, or betraying such an utter ignorance of the very first principles of Homœopathy, as this dastardly attempt. The usual ground assumed by the opposition is that our remedies are useless and of no effect. But this valiant Don has known six pellets of homœopathic medicine produce such horrid swelling up of the whole body and limbs, that it took the allopaths a long time to reduce it, and he finally had to go to his water cure before she got well. He mentions several other cases of the dreadful effects of the medicines, which all had to be cured by him of course, and finally tries to be vastly witty about the little book and case.

Now this man probably thinks he will make something out of this course, but I doubt it very much, for we have some intelligent and respectable water-cure people here, and even some who have been to his "cure," who look with pitiable contempt upon the man who will expose his ignorance in so small a way, they knowing by *experience* in the use of medicines, that every assertion he thus makes about Homœopathy is false.

But let the "heathen rage" and let old fogyism do its worst; I believe the pure principles of Homœopathy will yet triumph gloriously, but it will require time and patience, and the people must be enlightened. Here is the great barrier to our system. There is the most woful ignorance and misapprehension existing among the people in regard to our medicine and its mode of operation, and it is the intent of all opposing systems to pander to this ignorance and darken counsel.

How can this be remedied? I see no other way to scatter this darkness but to distribute "Tracts on Homœopathy," all over the land, written plainly and stripped of all mysticism, so that all who run may read and understand. Cannot the American Institute of Homœopathy appoint a committee to write these tracts and have them published under its auspices, and send them broadcast over the land among all the people? It seems to me it might be done. I remain yours for the truth,

HENRY KNAPP, M.D.

VITALITY.

THERE is a principle pervading all nature, which develops itself in the germ of all organized matter, modifying the laws

of inorganic matter wherever existing. It is the superior law, the principle that gives shape and form wherever they exist in the material world as a property or condition, itself imponderable, and giving no trace of existence. It is known, not from the laws that govern it, but only by its effects. To this principle man has given the name of vitality.

For the American Journal of Homœopathy.

"TRANSACTIONS OF THE MEDICAL SOCIETY (Allopathic) of the State of New York," at Albany, in 1853-4.

USUALLY, we have no disposition to criticize the doings of any society with which we are not directly connected. But when such society publishes its Transactions at the expense of the State, and said "Transactions" show a want of that becoming fidelity and regard for the medical profession and the sick which the true interests of the people demand, we cannot withhold a few brief, critical remarks in relation to them.

After having read the "Transactions" in the most careful and attentive manner, we find them a combination of pretensions, arrogations, and vindictive breathings against certain innovations, interspersed, we admit, with valuable matters.

Anatomy and its claims were urged with pathos and eloquence fully becoming this invaluable branch of science. *Therapeutics*, or the application of remedies for diseases, was only noticed in arrogations and declamations. Dissection, and an accurate knowledge of the composition, structure, and tissues of the human body, were dwelt upon as though such knowledge enabled physicians to cure diseases, independent of a true method for the application of their remedies. Anatomy is of great value to physicians and to surgeons; especially is it so to the latter; but the same knowledge of anatomy to physicians is not so important. These may have the most minute knowledge of every part of the human body, either in a state of health or disease, and yet they cannot cure the sick as physicians should cure, unless they have definite knowledge of the curative principle of drugs.

These "Transactions" declare against the modern mode of developing the effective and curative power of drugs by successive triturations and concussions; whereas, careful and accurate trial and observation have shown to a demonstration, that such separation of crude drugs into fine atoms develops their curative action *ad infinitum*, especially if the natural medical law is duly regarded, as expressed in the words "*similia similibus curantur*;" drugs cure by virtue of their ability to excite on individuals in health a similar train of sufferings to those they cure in the sick. The "Transactions" declare the allopathic "*contraria contrariis*," acknowledging it the rallying idea which is to govern their therapeutic operations. Examples: if the hand or foot be frozen, it is to be thawed by the application of heating means; preternatural heat of any part of the body, is to be removed by cold applications; to an inflamed or burned surface, ice, snow, or cold water is to be applied. This is the practical application of the pretended law "*contraria contrariis*," which multiplied experience and observation has shown to be at best only palliative, not curative; and is often followed by pernicious effects.

Let us turn our attention to the established law, "*similia similibus curantur*"; if the foot or hand be frozen, the frost is to be removed by application of ice, snow, or cold water; to an inflamed or burned surface, warming or heating applications are employed, or the internal exhibition of some drug capable of exciting a similar inflamed or burned surface, and all other attendant symptoms in the case.

This procedure has been attended with the most efficient curative effect of remedial agents known to history, and forms part of the indubitable and incontrovertible evidence that established the governing law of the Homœopathic Therapeutics.

The Allopathic Medical Society of the State of New-York claim an understanding of the facts we have related. If this be so, it would seem difficult to conceive their design in placing Homœopathy at the head of a list of heretical practices. Dr. Cash states, in the "Transactions": "The convictions of my mind, the result of long experience and careful observation, are,

that legitimate medicine is the only practice trustworthy or deserving the name of a system of medicine. And I have studied the heretical practices, Homœopathy, Hydropathy, Physopathy, Kinesipathy, and their kindred fallacies, Chronothermalism, Mesmerism, Animal Magnetism, Eclecticism, &c. &c., with the same anxious desire to arrive at correct conclusions that I ever did rational medicine.

Is this the "enlightened philanthropy and liberality," of which they boast in their "Transactions"? Is this the "ability, wisdom, purity, sound discrimination, and foreseeing of the master minds, who have labored in rearing the system" which they claim? There is no kindred affinity, classical relation, or similarity of being existing between Homœopathy and the other practices which this learned Society has associated with it.

Then why, or by what authority, have they thus arraigned Homœopathy? Is it not clearly evident, they desire to perpetuate one of their most common errors, *intolerance*? What is there in Homœopathy that moves them to acts so destitute of science, justice, honor, or respectability? Do they not know that Homœopathy numbers among its adherents a very large class of individuals, as well educated, and as respectable, as those who compose their own Society? They cannot be ignorant of this fact. We ask, again, What is there in Homœopathy, that it meets so sad a fate at their hands?

We are inclined to offer the solution. Doubtless they beheld in the dim distance the rising star that was beckoning the medical wanderer to the birth-place of a redeeming medical truth, and as they journeyed on, and read the writing, "*similia similibus curantur*,"—"Believe in this and save your profession from the impending doom that awaits it,"—preferred what they esteemed of more value, "Time-honored system,"—"Legitimate medicine,"—"Regular practice";—expressions that frequently occur in the "Transactions," and which have no claim, when understood to be the opposite of a discovered natural law, that will render medicine scientific, fixed, and reliable.

If they have examined Homœopathy

"with the same anxious desire to arrive at correct conclusions" that they ever did what they term "rational medicine," they must have read that arsenic, belladonna, opium, and "sulphur, rhubarb, and magnesia," named, in "the Transactions," and upwards of four hundred other drug-substances, will excite, on persons in health, a train of symptoms *like* the symptoms they cure in the sick. If so, why did they not heed the *proposition*? They have read the statements of physicians, as well educated, experienced, and practical as themselves, and these statements are nothing less than the results obtained in following out the *proposition*. If drugs do cure, it is evident they do so by virtue of some power they possess; and if it is the power they possess to excite similar diseases on persons in health to what they cure in the sick, the *proposition* is sustained.

Facts of this law have been made; not only have four hundred drug-substances been tried on individuals of different ages and temperaments, who were previously in good health and the diseases they have excited carefully noted, by a collation of symptoms, in two large volumes called "*Symptomen Codex*," but in nearly every place where civilization has made its mark, these drug-substances have been administered to the sick as they presented symptoms analogous to the drug-symptoms of the healthy. And the operation has been attended with the most cheering results; the sick have been healed, their sufferings removed, and with that promptness, efficiency, and satisfaction, that no other therapeutics since Hippocrates or Galen could furnish.

Most justly may we say, Shame to the Allopathic Medical Society of the State of New York, for their want of "sound discrimination." Far better for science, and the respectability of the medical profession, if they had accredited to Homœopathy its fair and just claims. This they could not do. *Intolerance*, a peculiar feature, if not creature, of their school, would not allow it, notwithstanding the statements in the following quotation from the "Transactions":

"As fast as anything new of value comes to light, it is forthwith transferred into the regular system; the regular faculty, being

actuated by the most enlightened philanthropy and liberality, and bound down by no narrow-minded prejudices, is ever ready to embrace whatever promises relief from human sufferings, no matter where from or by whom furnished."

The statements in the preceding quotation are somewhat fallacious, and, were we permitted to revise the quotation, our regard for veracity would compel us to render it as follows: "As fast as anything new or valuable comes to light," it is *not generally* "forthwith transferred into the regular system; the regular faculty being actuated" *not* "by the most enlightened philanthropy and liberality, and bound down by" *some* "narrow-minded prejudices is ever ready to" *reject* "whatever promises relief from human suffering," it is *being of some* "matter where from or by whom furnished." How was it with Harvey's discovery of the circulation of the blood? How was it with Jenner's discovery of vaccination, as a prophylactic of the small-pox? How was it with Hahnemann's discovery of Homœopathy?

Each of these distinguished individuals and their doctrines were rejected, and by this *faculty*, who call themselves "the regular faculty." The two first discoveries they did not embrace until years after they were brought to light, and only a short time before the discoverers passed to their eternal abode. And the last discoverer has passed to another world, and his discovery is not yet embraced by the absurdly named "regular faculty."

This Medical Society of the State of New-York should be made to know and feel the fearful retribution of that tribunal that awaits them, for the wrongs they are inflicting upon persons whom their "Transactions" may influence.

The glory and boasting, that bursts forth from orators on the pages of the "Transactions," should be understood. And when they manifest a strong desire for legislative protection and encouragement, their intentions should be noticed; for in all ages they have had much of legal support, knowing well its value to sustain them in the absence of a law of cure. Now that legislative enactments recede from them in some respects, they feel its results, and are found

not only whining most piteously, but appealing to the supposed ignorance of the people, and portraying falsely necessities that they hope may move the Legislature to grant them the benefits of law.

Those branches of the profession that are more or less scientific, fixed and reliable, viz., Anatomy, Surgery, Chemistry, Botany, &c., they hold forth in such a way and manner as to divert the mind of individuals from an understanding of the most valuable branch of the profession—its therapeutics.

It should be understood, that the Medical Society of the State of New York is destitute of a reliable therapeutics; this they know; hence no mingled emotions of triumph and eulogy are heard on this subject. Now and then, a burst of applause is heard in commendation of some supposed discovered truth that would seem to add much that is valuable to therapeutics, but which, when examined, turns out to be some engine of power, such as opium, chloroform, &c. &c., sufficient to render patients insensible of sufferings.

It will not be difficult to perceive the value of such agents to an unreliable therapeutics. Sufferings of the sick demand relief, and if relief cannot be had from curative remedies, for want of knowledge of such remedies, any agent that will more effectually suppress their sufferings would be considered an addition to such impotent therapeutics.

But a therapeutics embracing remedies specific and curative, with a reliable rule for their application, has no need of such engines of power as opium, chloroform, &c. And their employment as palliatives is of questionable propriety. They render patients unconscious of their sufferings, and to a degree that prevents them from manifesting their symptoms either by attitude, features, or complaints, as they should be manifested, to enable physicians on successive visits to judge correctly of the progress and decline of disease, and of the curative remedy demanded in the cure. Symptoms are the expressed image of disease, and the only manifestation of its existence should not be suppressed when the intention is to cure, unless physicians are in possession of a special inspiration that

will enable them to know what is usually denied to mortals.

C. M. DAKE, M. D.

Geneseo, Livingston Co., N. Y.

BEAUTY AND IMMORTALITY.—It cannot be that earth is man's abiding place. It cannot be that our life is a bubble, cast up by the ocean of eternity to float a moment on waves, and sink into nothingness. Else why is it that the high and glorious aspirations which leap, like angels, from the temple of our hearts, are forever wandering about unsatisfied? Why is it that the rainbow and the cloud come over us with a beauty that is not of earth, and then pass off and leave us, forever mocking us with their unapproachable glory? And, finally, why is it that bright forms of beauty are presented to our view, and then are taken from us—leaving the thousand streams of our affections to flow back in Alpine torrents upon our hearts? We are born for a higher destiny than that of earth. There is a realm where the rainbow never fades—where the stars will be spread out before us like islands that slumber on the ocean, and where the beautiful things which here pass before us like shadows will stay in our presence forever.—*George D. Prentice.*

CHANGE OF AIR AND CLIMATE.—It has been ascertained that consumption is a very common disease among the resident inhabitants of many of those places to which invalids from this country frequently resort. This shows that the advantage derived is dependent more upon the excitement of travelling, and the change of habits and scene, than upon any curative power of climate. The selection of a suitable climate is a subject which could not be briefly touched upon with advantage. I shall only therefore observe, that the change to more distant places is adapted chiefly to those in whom tubercular disease is in an early stage, or very perfectly arrested; and that most of the advantages of change may be more safely attained, by more delicate invalids, in removing from one part of this country to another. There is scarcely any point, in reference to the treatment of this disease, on which the medical man is called to give an opinion, of greater importance to the comfort of the patient than that of change of climate; and I believe that much injury has often been done by the removal of patients, who would have been better at home. In deciding whether a change should be made, and what change would be advisable, there are many points which should be carefully considered—the condition of the patient, the stage and extent of the local disease, the period of the year, and the effects of previous treatment. When the disease has been arrested, a

change of air and climate will often stimulate the constitutional powers, and enable them to carry forward the improvement, after the remedial means by which it had been accomplished have ceased to be of further service. On the other hand, where there is much disorganization of one or of both lungs, and the disease appears still to be advancing, so that the patient must necessarily, during winter, keep chiefly in the house, the comforts of home and the society of friends will be often found more valuable than a change to a slightly milder climate. In those advanced cases, where there is reason to believe that the disease will steadily advance in spite of any treatment, the patient should not on any account be removed from home.—*Dr. Turnbull on the Progress of Improvement in the Treatment of Consumption.*

MONGREL PRACTICE INCONSISTENT.

We doubt if any man living has had the experience of Hahnemann in the treatment of diseases homœopathically. His was an experience that should command the attention and respect of all physicians, for he never deviated knowingly from the principles promulgated in his *Organon*, nor from the rules of practice laid down in that work. In all the attacks made upon this great man, we have never found any one to express a doubt that he was not, in practice, strictly true to the principles he professed. We have never heard of its being charged that he was not remarkably successful in the cure of diseases; especially so in chronic diseases, with which hundreds of thousands are suffering, without a hope of any more than a forced mitigation by allopathic medication, or by that spurious Homœopathy so prevalent at the present time, which is no better. Therefore, if Hahnemann's experience established Homœopathy, and if his practice was the most successful yet known, what right have his professed disciples to introduce a spurious practice in his name, which has no more relation to his doctrines than Homœopathy to Allopathy? "You would have us," says one, "blindly follow Hahnemann." We would have no such thing. We would have every one follow Hahnemann with his eyes wide open. We would have the student of Homœopathy thoroughly acquainted with its principles, and then strictly employ those principles in the treatment of diseases; that is, we would have him care-

fully repeat Hahnemann's experiments, that he may prove for himself if what is stated in the *Organon* be true or false. If then, the student, by doing as Hahnemann did, proves his doctrine true, then he is prepared to progress, and perhaps accomplish more in the cure of human maladies than did the master; for we do not believe the very best homœopathic practice has reached a point beyond which it cannot go; but we do say, unless the principles essential to Homœopathy are strictly followed, the practice cannot progress. If, as is now the case, the school gives countenance to an *eclectic* practice, which is Allopathy by another name; soon, very soon, it may be said in truth, "Homœopathy is going down."

We ask gentlemen of the profession, Why modify Hahnemann's practice? Have you repeated his experiments without his results? If so, send them to us for publication, that we and our readers may no longer remain in the dark. But we want none of your allopathic reasoning, none of your own theorizing; but the facts, ascertained by the most thorough and careful experiments.

"Oh!" says one, "I follow no man." We believe you, nor do you follow any principle. Those who talk thus are, generally speaking, the tools of others. They certainly do not think for themselves, nor are they of the thinking class. We know that it is said, "Let the wheat and tares grow together," but it does not mean that we should not know the one from the other, nor that we should receive tares for wheat. We cannot avoid the presence of pure and spurious Homœopathy, but we may be able to distinguish them, which is what we contend for. But honesty teaches that those practitioners who practically reject pure Homœopathy, should undeceive their patients, and not permit them to believe they are under Homœopathic treatment, while they are not. This is an evil of the present day, and we do not know how to remove it. Unless some measures are adopted, and that soon, to enable the people to distinguish between a genuine practitioner of Homœopathy, and one that is not, we shall have more tares than wheat; for the former grow without labor or cultivation, whilst

the latter requires both. We agree with allopathists, who charge, that pretended homœopaths do but practice Allopathy in disguise. We are not disposed to apologize for such practitioners, nor will we deny the charge.

CALOMEL, "THE GREAT SECERNER."

"DYSENTERY.—Here you want more bile—calomel brings it; you need something to arrest the inflammation—calomel does this; you want something that powerfully promotes all the secretions—calomel is the great secerner; a remedy is needed that acts most searchingly on the mucous membranes—calomel does it; do you desire some purgative that lies harmless in the bowels till they are ready to be operated upon?—calomel, with ipecacuanha and opium, will often answer all your reasonable expectations."

We copy the foregoing precious *morceau* from the "monthly record" of *Nelson's American Lancet*. The *Philadelphia Medical Examiner*, however, has the honor of its origin. It appears that this "great secerner" is still regarded as the "sheet-anchor" in all important cases of the old heroic practice. Calomel, however, will do some things not enumerated in the foregoing extract, which we take the liberty to mention for the benefit of our readers.

Do you want something to make sore eyes? Calomel will do it. Or to enrage the salivary glands? Calomel is the agent. Or to destroy the teeth? Calomel will do it. Or to soften the brain? Don't overlook calomel—though in most cases the pate is rather soft before using it. Or to make rotten bones? Calomel does it to perfection. Or to produce the most excruciating rheumatic, gouty, and neuralgic pains? Calomel will do it. Or to make you a miserable mass of corrupted humanity, a burden to yourself and your family? Allopathic doctors all know how to accommodate you with doses of calomel. In fine, do you wish to die prematurely a miserable death? Calomel will accomplish that work most admirably. Indeed, calomel will will do anything you may desire in the way of making you miserable through life, and hastening your death. And the calomel doctors will very complacently ease you out of the world by the use of opium or morphine. Not long since, one poor sinner in this city was sent "off to his long home"—he died of calomel!—*Worcester Jour. of Med.*

FAST MEN.—The vicious die early. They fall like shadows, or tumble like wrecks and ruins into the grave—often while quite

young; almost before forty. The wicked "liveth not half his days." The world at once ratifies the truth, and assigns the reason, by describing the dissolute as "fast men," that is, they live fast; they spend their twelve hours in six, getting through the whole before the meridian, and dropping out of sight and into darkness while others are in the glow and glory of life. "Their sun goes down while it is yet day." And they might have helped it. Many a one dies long before he need. Your men of genius, like Burns and Byron, to whom, when dissipated and profligate, thirty-seven is so fatal, and your obscure and nameless "wandering stars," who waste their youth in libertine indulgence, they cannot live long. They must die early. They put on the steam till they blow up the boiler. They run at such a rate that the fire goes out for want of fuel. The machinery is destroyed by reckless speed and rapid wear. Nothing can save them. Their physical system cannot stand the strain they put it to; while the state of their minds is often such that the soul would rot the substance of the most robust body, and make for itself a way of escape from the incessant hell of its own thoughts.—*Rev. T. Binney.*

TALES OF SNAKES.—Two were told me by a military friend, as having occurred in his presence. He and several others were sitting after dinner, over their wine, when one of the party turned very pale, and said a snake had come in and twisted itself round his leg and that of the table. His companions hastily rose, in order to kill it; but he said, "If you awake it, it will stick its fangs into me, and then I am a lost man. You had better all go out of the room, and I will sit quietly with my hookah till it awakes of itself, and then probably it will glide away without doing me any injury." After some expostulation, his plan was adopted, and there he sat with the most perfect stillness for an hour, and an hour of much greater anxiety could scarcely have been passed; he was, however, rewarded by the snake quietly uncoiling itself, and taking its departure. The other story was of an officer being about to put on his boots, and thrusting his foot into one of them, felt something wriggling at the bottom; with the greatest presence of mind, he instantly stamped his foot upon the ground with the utmost violence. His chief difficulty was to know when to leave off this fatiguing exercise; but at last his leg ached so much that he stopped, and finding all still, he drew off his boot, and there found a venomous serpent, which had crawled in and coiled itself up in the foot of the boot, but which he had killed by his exertions.—*Mrs. R. Lee's Anecdotes.*

THE FEJKES.—These people are cannibals, and they sacrifice human victims on occasions of public festivals. For instance: The former Queen of Rewa, whose husband had been put to death during the war, was pointed out to us at a neighboring house; she was a half-sister to Thakombau, and had escaped the usual death awarded to widows, in consequence of there being present no chief of higher rank than herself to perform the duty of strangulation, which cannot be executed in such a case by an inferior. This woman, now of middle age and very corpulent, bore marks nevertheless of the former beauty for which she was celebrated, and which may be judged of from the likeness introduced into Captain Wilkes' narrative. Evidence of the extraordinary bloodthirsty character of this people's institutions met us at every step. Having pointed out to Mr. Calvert, when on the hill, two blocks of stone, which had been hewn into rude pillars by apparently an European workman, nearly overgrown with grass, he besought me earnestly to take no notice of them; adding afterwards, that they were intended for a monument or mausoleum to the memory of Tanoa's father, but that their erection, if ever it should take place, would most certainly be accompanied by the sacrifice of at least two human victims, it being considered necessary that in works of such a nature, or even in the construction of the house of a ruling chief, a man should be buried alive at the foot of each post, to insure the stability of the edifice.—*Erskine's Journal of a Cruise.*

DESPERATE ATTACK ON A WOMAN BY A SNAKE.—The *Ariègeois* has the following: "Marie Janze, wife of a farmer of Tarascon, went a few days ago to wash her linen in the Ariège, taking her child with her. All at once she saw a snake a yard and a half long, which made a spring at her, attracted probably by the smell of milk from her breast, she being a wet-nurse. The reptile attempted to enter her mouth, but not being able to do so, wound itself round her neck, and bit her severely. The terrified woman made efforts to pull it from her neck, and her son hastened to her assistance. At length she succeeded in casting the snake from her; but instead of taking to flight, it looked furiously at her, and raised itself as if preparing to spring. The woman, dreadfully frightened, shrieked wildly. A young man came up, and, boldly attacking the reptile with a stick, succeeded in killing it. If the woman had been left to herself, she would probably have died from convulsions caused by fear. As it is, serious consequences may ensue. Her face bears the mark of the reptile's bite, and her neck is scratched by its folds."